## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	- A	A A smile	hla Bana
O.I.P.E. CLASSIFIER	be	SIAVQIIQ	
FORMALITY REVIEW	11/13	954	2115/01
RESPONSE FORMALITY REVIEW	joh	,030	6.150
	10-		

## INDEX OF CLAIMS.

Rejected	N Non-elected
= Allowed	IInterference
- (Through numeral) Canceled	A Appeal
÷ Restricted	O Objected

Claim Date	Claim Date	Claim	Oate
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	56	106	<del>                                     </del>
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	69	119	
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25/	75	125	
26	76	126	
27 1/4 1/7	.77	127	
28 0 00	78	128	
29 . 1	79	128	
30	80	130	
31	01	131	
32	02	132	
33	83	133	
34	84	134	
35	85	135	
36	88	136	
37	87	137	<del> - - - - - - - - - - - - - - - - - - -</del>
38	88	138	<del>                                      </del>
39	89	139	<del>1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-</del>
40	90	140	<del>                                     </del>
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42	92	142	<del>┦╍╏</del> ╌╂╼╂╼╂╶╂╴╂╌╂
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45	95	145	<del>┼╌╽┈╏┈╏┈╏┈╏╸╏╸╏╸╏</del>
46	98		<del>┤╌╏═╏┈╏╶╏╴╏╸╏╸</del> ╂╸╂
	97	146	<del>╽╸╽╸┨╸╂╍┝╍┠╍╏╶┞╸┩</del>
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If more than 150 claims or 10 actions staple additional sheet here

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